

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SEARCH NO.	097856924	FILING DATE
APPLICANT(S)		

	CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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TOTAL DEP.		↓	30	↓		↓
TOTAL CLAIMS		30				

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100								
TOTAL IND.								
TOTAL DEP.		↓			↓		↓	
TOTAL CLAIMS		30						

BEST AVAILABLE COPY